

DEC 05 2005

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| TO: | FROM: |
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| YOUR REFERENCE NO.: | OUR REFERENCE (C/M) NO.: |
| | 005288.00021 |

RE: U.S. Application Serial No. 10/037,297
Filed: December 21, 2001
Entitled: Cache on Demand
Group Art Unit: 2157
Confirmation No.: 4505
Examiner: Emmanuel Coffy
Attorney Ref. 005288.00021

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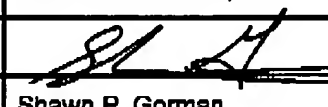
PT 3/5B/21 (09-04)

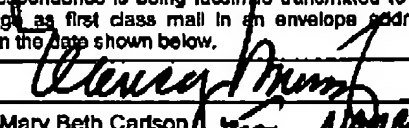
Approved for use through 07/31/2006, JMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|------------------------|-------------------|--|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/037,297 | RECEIVED CENTRAL FAX CENTER |
| | Filing Date | December 21, 2005 | |
| | First Named Inventor | Tao Wu | DEC 05 2005 |
| | Art Unit | 2157 | |
| | Examiner Name | Emmanuel Coffy | |
| Total Number of Pages in This Submission | Attorney Docket Number | 005288.00021 | |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet |
| Remarks The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733. | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm | Banner & Witcoff, Ltd. | |
| Signature |  | |
| Printed Name | Shawn P. Gorman | |
| Date | December 5, 2005 | Reg. No. 56,197 |

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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
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| Typed or printed name | Mary Beth Carlson | Date December 5, 2005 |

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P1 3/SB/21 (09-04)

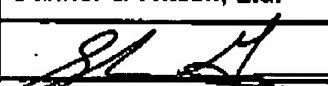
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| | | |
|---|------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/037,297 |
| | Filing Date | December 21, 2001 |
| | First Named Inventor | Tao Wu |
| | Art Unit | 2157 |
| | Examiner Name | Emmanuel Coffy |
| Total Number of Pages in This Submission | Attorney Docket Number | 005288.00021 |

| ENCLOSURES (check all that apply) | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet |
| Remarks The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm | Banner & Witcoff, Ltd. | | |
| Signature |  | | |
| Printed Name | Shawn P. Gorman | | |
| Date | December 5, 2005 | Reg. No. | 56,197 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Signature | | | |
| Typed or printed name | Mary Beth Carlson | Date | December 5, 2005 |

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | | |
|---|--|---|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005 | | Complete if Known Application Number: 10/037,297 Filing Date: December 21, 2001 First Named Inventor: Tso Wu Examiner Name: Emmanuel Coffy Art Unit: 2157 Attorney Docket No.: 005288.00021 | | RECEIVED CENTRAL FAX CENTER DEC 05 2005 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 120 | | | | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.
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☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17
 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|---------------------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 30 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 560 | 180 |
| Total Claims | Extra Claims | Fee (\$) |
| -20 or HP= | x | = |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| -3 or HP= | x | = |
| HP = highest number of independent claims paid for, if greater than 3. | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

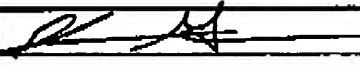
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): extension fee

Fees Paid (\$)
 120

SUBMITTED BY

| | | | | | |
|-------------------|---|-----------------------------------|------------------|-----------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 56,197 | Telephone | (912) 463-5000 |
| Name (Print/Type) | Shawn P. Gorman | Date | December 5, 2005 | | |

This collection of information is required by 37 CFR 1.188. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form are for suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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| | | | | |
|---|--|----------------------|-------------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete If Known | | RECEIVED CENTRAL FAX CENTER DEC 05 2005 |
| FEE TRANSMITTAL for FY 2005 | | Application Number | 10/037,297 | |
| | | Filing Date | December 21, 2001 | |
| | | First Named Inventor | Tao Wu | |
| | | Examiner Name | Emmanuel Coffy | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 2157 | |
| TOTAL AMOUNT OF PAYMENT (\$) 120 | | Attorney Docket No. | 005288.00021 | |

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 18-0733 Deposit Account Name: Banner & Witcoff, LTD.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17
 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 30 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity Fee (\$) | Small Entity Fee Paid (\$) |
|--|--------------|----------|---------------|---------------------------|----------------------------|
| -20 or HP= | x | = | | 50 | 25 |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | 200 | 100 |
| -3 or HP= | x | = | | 300 | 150 |
| HP = highest number of total claims paid for, if greater than 20. | | | | Multiple Dependent Claims | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | Fee (\$) | Fee Paid (\$) |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| -100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): extension fee

Fees Paid (\$)

120

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|------------------|-----------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 56,197 | Telephone | (312) 463-5000 |
| Name (Print/Type) | Shawn P. Gorman | Date | December 5, 2005 | | |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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